

MULTIPLE D. ~~NOT~~ CLAM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1.	1		1			
2.	1		6			
3.	2		5			
4.	1		1			
5.	0		0			
6.	1		5			
7.	1		1			
8.	1		1			
9.	2		—			
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TOTAL IND.		1	2	1		
TOTAL DEP.			7			
TOTAL CLAIMS		2	9			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

Best Available Copy